

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

RT-5901

## **1997 ECONOMIC CENSUS HEALTH AND PERSONAL CARE STORES**

OMB No. 0607-0826: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

RT-5901

(Please correct any errors in name, address, and ZIP Code.)

		1	ct any errors in name, address, and Zir Code.				
this questionnaire to answer the que	stions and only by Cei	return the report to nsus Bureau emplo	es Code, requires businesses and other organization the Census Bureau. By the same law, <b>YOUR CE</b> byees and may be used only for statistical purpose	NSUS I	REPORT	- es	
Item 1. EMPLOYER IDENTIFICATION N Is the Employer Identification Number	r (EIN) sho	HOW TO REPORT Dollar figures should be <b>rounded</b> to <b>thousands</b> of dollars.	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)		
label the same as the one used for the latest 1997 Employer's Quarterly Fed			DOLLAR Example: If a figure is \$1,125,628.79 • Preferred	1	126		
Treasury Form 941?	ciai iax n	etuiii,	FIGURES report Acceptable		125	629	
094 1 ☐ Yes 2 ☐ No - Report of	current EIN	below	Item 4. DOLLAR VOLUME OF BUSINESS	Mil.	Thou.	Dol.	
(9 digits)			Sales of merchandise and other	010			
			operating receipts for 1997 (Exclude sales or other taxes collected)		 		
Item 2. PHYSICAL LOCATION	4: 41			Mil.	Thou.	Dol.	
<ul> <li>a. Is this establishment's physical lo the address shown in the label? (F addresses are not physical locations)</li> </ul>	cation the 2.0. box and	d rural route	Item 5. PAYROLL Payroll in 1997, BEFORE DEDUCTIONS	030		2011	
093 1 Yes 2 No - Report	physical loc	ation below	a. Annual	031	1		
Number and street							
			b. First quarter (January–March)				
City, town, village, etc.	State	ZIP Code	Item 6. EMPLOYMENT		Numbe	r	
			Number of paid employees for pay period	032			
b. Is this establishment physically lo boundaries of the city, town, villa	cated insige, etc.?	de the legal	including March 12, 1997 (Include both full- and part-time employees)				
095 1 ☐ Yes 3 ☐ No legal bou	ndaries		Item 7. KIND OF BUSINESS AND SELLING CH	HARAC1	ERISTIC	S	
2 No 4 Do not know			a. Kind of business				
			What was this establishment's PRINCIPAL				
c. In what type of municipality is thi physically located?	s establisl	nment	kind of business in 1997? Mark (X) only C box.		070		
096 1 ☐ City, village, or borough			Drug store			912101	
2 Town or township			Pharmacy			912102	
3 ☐ Other – <i>Specify</i> 4 ☐ Do not know			Mail order – pharmacy		□ 5	961301	
d. In what county (e.g., Dade County) i	s this esta	blishment	Proprietary, drug sundry store (without pharmacy)		□ 5	912201	
physically located?			Health and beauty aids store				
			(without pharmacy)		□ 5	912202	
		Number of months	Cosmetics, beauty supplies, and perfume stor	re		999801	
Item 3. OPERATIONAL STATUS	00		Health food, vitamins, and food			400101	
a. How many months during 1997 we this establishment actively operat			supplement store		□ 5	499101	
b. Which of the following best descri	ibes this e	stablishment's	Home health care supplies and medical equipment store		ПБ	999911	
status at the end of 1997? Mark (X	only ONE	box.	Convalescent aids store		=	999912	
001 1 ☐ In operation		Figures only				999913	
2 Temporarily or seasonally	inactive	Month Year	· · · · · · · · · · · · · · · · · · ·			777777	
3 Ceased operation – Give of	ate at right						
4 Sold or leased to another							
Give date at right AND en etc., below	ter name,						
Name of new owner or operator							
Number and street							
City	Stata	ZIP Code					
City	State	ZIF Code	ITEM 7 CONTINUED ON PAG	<i>-</i>			

Item 7. KIND OF BUSINESS AN						lte	em 10. MERCHANDISE LINES	<ul><li>Cont</li></ul>	inued			
CHARACTERISTICS - Continued				Г			ESTIMATES are acceptable. Report dollars OR percents.					
b. Selling characteristics 1. In what format did this establishment							Merchandise lines	Cen-	-	l	•	Per-
PRIMARILY sell in 1997? Mark (X) only ONE							use	Mil.	Thou.	Dol.	cent	
box. 068					1.	Drugs, health aids, beauty			 			
From physical displays of priced merchandise . 1							e. Cosmetics (include face					
From a counter (little or no From a warehouse or office							cream, make-up, perfumes and colognes, etc.)	0165		1		
Other – Describe							f. Other hygiene needs					
							(include deodorants; hair and shaving products; oral,			 		
							feminine, and baby hygiene needs; hand products; etc.)	0166		 		
2. How did this establishme							# Hoovier side and a "	040-		 		
attract new customers in 1997? Mark (X) only ONE box. 069					g. Hearing aids and supplies	0167		 				
Location and store attractiveness					L	h. Sum of lines 1a through 1g	0160		I I			
Advertising to the general public, including						2.	Cigars, cigarettes, tobacco, and smokers' accessories			 		
direct mail advertising				2			(exclude sales from vending machines operated by others)	0150		 		
Advertising to the trade or customers				3□		3.	Groceries and other food					
Other – Describe							items for human consumption off the premises (Include					
							candy, gum, packaged snacks, etc. Report vitamins on line 1c			l I		
							and pet food on line 33.)			l		
Item 8. METHOD OF SELLING	DDING						a. Bottled, canned, or packaged soft drinks	0108		 		
What was this establishment's method of selling in 1997? Mai							<b>b.</b> All other foods (dry	0100				
ONE box.				235			groceries, canned and bottled foods, candy,			! 		
Selling at this establishment				1 🗌			packaged snacks, bakery products, etc.)	0113		 		
Mail order (include catalog selling	and ho	ome		2 🗆			products, etc./	0113		 		
shopping via television or computer)						L	<b>c.</b> Sum of lines 3a and 3b	0100		I		
Direct selling (include selling from	house	-to-				4.	Meals, unpackaged snacks, sandwiches, nonalcoholic					
house and nonfixed or temporary  Operating merchandise vending m							beverages generally served for immediate consumption	0120		! 		
Sporading moronandisc vending m	Jonne			J [		5.	Packaged liquor, wine, and	0140		l I		
Item 9. CLASS OF CUSTOMER				ole perc of sales		6	<b>6.</b> Photographic equipment			 		
Report the percentage of this establishment's total sales in 1			237				and supplies (Report photofinishing on line 37b			 		
(item 4) to each class of customer.							or 37c)	0440				
General public (household constant individuals)	sumers	3				7.	Books (Report audio tape					
			239				books on line 16 and comic books on line 8)	0420		 		
<b>b.</b> Other, including retailers; whole institutional, industrial, comme		;;				_	Managina	0050				
professional, and farm users (for farm production); and government	or use	in					Magazines and newspapers	0856		<u>                                     </u>		
Item 10. MERCHANDISE LINES					9.	Stationery and computer paper	0851					
Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole					10	School supplies	0852					
percent of total sales. (See HOV FIGURES on page 1 and HOW TO	V TŎ R	<b>EPORT</b>	DOLLAR	7		10.	School supplies	0052		<u> </u> 		
ridunes on page I and HOW TO	HEFUR	renc	ENISD	eiow)		11.	Office supplies	0853		 		
HOW TO  If figure is <b>38.76</b> % total sales:	of	Mil.	Thou.	Dol.	Per- cent	12	. Greeting cards	0855		 		
REPORT PERCENTS • Report whole per	cents-			 	39	-	. Toys, hobby goods, and	0000				
Not acceptable —			l l	<u> </u>	38.76	-	games (Include video and electronic games, and			 		
	Cen-	ESTIN Repor	ATES a	re acce	ptable.		wheel goods, except bicycles. Report bicycles on			1		
Merchandise lines	sus		1	ı	Per-		line 23.) <b>a.</b> Toys (include wheel					
			Thou.	Dol.	cent		goods)	0461		 		
1. Drugs, health aids, beauty aids	230	231	1	l I	232		<b>b.</b> Games (include video and electronic games)	0462		 		
,			 	l						l		
a. Prescriptions	0161		 				<b>c.</b> Hobby goods	0463		<u> </u>		
<b>b.</b> Nonprescription medicines	b. Nonprescription medicines 0162 c. Vitamins, minerals, and				<b>d.</b> Sum of lines 13a through 13c			! 				
<u>·</u>				14.	<b>14.</b> Kitchenware and							
d. Health aids (Include firstaid products; foot products; prescription		 				homefurnishings (include cookware, cooking			 			
				accessories, dinnerware, glassware, giftware,			 					
			decorative accessories, clocks, mirrors, closet and									
products; prescription accessories; eye/contact lens care products; convalescent aids; orthopedic equipment, except shoes; and artificial limbs. Report first-aid and					4=	bathroom accessories, etc.)	0380		! !			
					15.	Small electric appliances (include mixers; blenders;			 			
						can openers; toasters; coffee makers; frypans; and			 			
footcare nonprescription medicines on line 1b.			 				personal care appliances, such as hair dryers, curling	0015		 		
Report orthopedic shoes on line 29.)						irons, shavers, etc.)	0310	ON PAG	F 3			

Form RT-5901						Page					
If not shown, please enter your 1 from the address label on page 1		t Cens	Census File Number								
Item 10. MERCHANDISE LINES – Continued						Item 10. MERCHANDISE LINES – Continued					
	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			ptable.	ESTIMATES are acceptable Cen-Report dollars OR percents					
Merchandise lines		Mil.	Mil.   Thou.   Dol.   Percent   Perc	Merchandise lines    sus							
16. Audio equipment, musical instruments, radios, stereos, compact discs, records, tapes, sheet music, accessories (include audio tape books)	0330		         	 		37. All nonmerchandise receipts EXCLUDING SALES AND OTHER TAXES (Include rentals, storage, and other services provided to customers. Exclude all receipts and commissions					
17. TV's, video recorders, video cameras, video tapes, etc. (include parts and accessories)	0320		     	 		received from lottery ticket sales.)  a. Receipts from video tape,					
18. Office equipment (Include fax machines, dictaphones, copying machines, calculating machines, etc. Report office supplies on line 11.)	0854		 			video player/recorder, laser disc, and laser disc player rentals  9912  b. Receipts from photofinishing performed					
19. Jewelry (Include watches, watch attachments, novelty jewelry, etc. Report flatware and holloware on line 14 and receipts from watch, clock, and jewelry repair and engraving on line 37e.)	0400		 			by this establishment  9917  c. Receipts from photofinishing contracted out to other establishments  9918					
20. Optical goods (include eyeglasses, contact lenses, sunglasses, etc.)	0490		     			d. Rental of medical/ convalescent equipment 9926					
21. Paper and related products (include paper towels, toilet tissue, wraps, bags, foils, etc.)	0190		 	 		e. All other nonmerchandise receipts (include charges for delivery, repair, etc.)  9959					
22. Soaps, detergents, and household cleaners	0180		   			<b>f.</b> Sum of lines 37a through 37e <b>9900</b>					
23. Sporting goods	0500		   			38. TOTAL (Should equal item 4 if reporting in dollars) 9990					
24. Hardware, tools, and plumbing and electrical supplies	0600					if reporting in dollars)   9990     1000					
25. Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.	0620		     			a. Were prescriptions filled in this establishment in 1997?					
<b>26.</b> Men's wear (Report boys' wear on line 28 and footwear on line 29)	0200		     	 		If "Yes," answer b, c, and d If "No," skip to item 13  Number					
27. Women's, juniors', and misses' wear (Report girls' and infants' and toddlers' wear on line 28 and footwear on line 29)	0220		     	 		b. Enter total number of prescriptions filled in this establishment in 1997. (Include new and refilled prescriptions)					
28. Children's wear (Include boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to 6x and 7 to 14), and infants' and toddlers' clothing and accessories. Report footwear on line 29.)	0240		         	 		c. How many prescriptions reported in b above were refills only in 1997?					
29. Footwear (include accessories)	0260		1			Number 370					
<b>30.</b> Sewing and knitting materials and supplies	0270		   			d. Enter the number of pharmacists (full- and part-time) working in this					
<b>31.</b> Automotive lubricants (oil, greases, etc.)	0730		 			establishment during the pay period including March 12, 1997. (Include working proprietors, partners, or family					
<b>32.</b> Automotive tires, batteries, parts, accessories	0740					members who were registered pharmacists.  For pharmacists working at more than one location, report at the one location where					
<b>33.</b> Pet foods and supplies	0800		   			they spent most of their working time.)  Item 12. Not applicable to this report					
34. Seasonal decorations	0878					Item 13. LEGAL FORM OF ORGANIZATION  Which of the following best describes this establishment's					
<b>35.</b> Souvenirs and novelty items	0877		1 1			legal form of organization during 1997? Mark (X) only ONE box.					
36. All other merchandise (Report receipts for services on line 37)	9810		     	I I		003 1 Individual owner (sole proprietorship) 2 Partnership					
Specify principal lines and estimated sales below			 	 		3 ☐ Cooperative association (taxable) 4 ☐ Cooperative association (tax-exempt) 5 ☐ Government – Specify					
<b>a.</b>	9811		1			0 ☐ Corporation ( <i>Do not mark if any form of cooperative association</i> )					

9 Other - Specify

9812

9813

b.

c.

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION  a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?													
a.	1 ☐ Yes – Complete the 2 ☐ No – Skip to item	nis item	address labe	i immediately after "CFN") a	a zero?								
b	Is this company owned or controlled by another company?	Enter name, address, and EIN of the o	owning or conti	rolling company									
	097 1 ☐ Yes → 2 ☐ No												
C.	Does this company own or control any other company or companies?	EIN (9 digits)  Enter name, address, and EIN of the owned or controlled company											
	098 1 ☐ Yes — → 2 ☐ No			EIN (9 digits)									
d	How many establishments	operated under the Employer Ide em 1) AT THE END of 1997?	ntification Nu	mber shown in the	Number 079								
	If more than one, provide the each establishment. The hear room is needed, continue in	e <b>physical location</b> address and othe dquarters location should be first, follothe the same format in REMARKS or on a f book figures are not available.	owed by all oth	er locations. If more									
	Name				1997 Mil. Thou. Dol.								
	Number and street				Sales   081								
1	City		State	ZIP Code	Annual payroll Paid employees for pay period including March 12								
	Kind-of-business description	083											
	News				Census <sup>088</sup> use								
	Number and street	1997 Mil. Thou. Dol.    Sales											
	City		State	ZIP Code	Annual payroll								
2	Kind-of-business description		- Ctato		Paid employees for pay period including March 12								
					083 Census <sup>088</sup>								
	N.				use								
	Name  Number and street				1997 Mil. Thou. Dol.  081     Sales								
		Annual payroll											
3	City  Kind-of-business description		State	ZIP Code	Paid employees for pay period including March 12								
					083								
					Census <sup>088</sup> use								
R	EMARKS – Please use this spa	ace for any explanations that may be e	essential in und	erstanding your reported data.									
Item 15. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.  Period covered Mo. Year Mo. Year Name of person to contact regarding this report – Print or type													
b	y this report FROM:	TO: WIO.     TO:     Number   Extension	Title	s.ss to contact regarding this	Time or type								
	gnature of authorized person	LAGISION	1100		Date								
ال	Sustain of authorized heisoil				Duto								